

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34835

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 5121 Registrar's No. 389

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BOONE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perche		c. CITY 3 MI. NW OR TOWN HARRISBURG 01/00	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 20 yrs	
d. STREET ADDRESS —		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle AUGUST Last THATE		4. DATE OF DEATH Month OCT. Day 20 Year 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH (1878) NOV. 6, 1878
9. AGE (In years last birthday) 78 (78)		10. IF UNDER 1 YEAR Months — Days — Hours — Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) BROMERHAVEN, GERMANY		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME WM. THATE		14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —	
17. INFORMANT MISS ADELE THATE - HARRISBURG, MO.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) adenocarcinoma of rectum DUE TO (c) —		INTERVAL BETWEEN ONSET AND DEATH 2 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour — Month, Day, Year — a. m. — p. m. —			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1956 to 1957 and last saw him alive on 15 Aug 57 Death occurred at 1:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Malcolm W. Winkler, MD		22b. ADDRESS 4014 N. R. BLOD. COLUMBIA, MISSOURI	
22c. DATE SIGNED 20 OCT. 1957			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-22-1957	
23c. NAME OF CEMETERY OR CREMATORY LUTHERAN		23d. LOCATION (City, town, or county) (State) NORBORNE, MO.	
24. FUNERAL DIRECTOR MAHAN FUN'L SERVICE - MOBERLY, MO.		25. DATE RECD. BY LOCAL REG. Oct 21 1957	
26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmer			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John A. Green

Licensed Embalmer No. **381**

P. O. Address **MOREHEAD**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.